

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-22-99
O.I.P.E. CLASSIFIER		8	9-22-99
FORMALITY REVIEW	SW	21830	9-29

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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48	✓
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50	✓

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here